

**IDPA Prior Approval Information Form for RISPERDAL CONSTA\***

**A. PHYSICIAN INFORMATION - Complete ALL Information Below:**

Physician Name: \_\_\_\_\_ DEA #: \_\_\_\_\_ License #: \_\_\_\_\_

Prescriber is a Psychiatrist? 

YES	NO
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 (If NO, approval will be denied) Office phone #: \_\_\_\_\_

Pharmacy Name: \_\_\_\_\_ Pharmacy I.D. #: \_\_\_\_\_ Pharmacy Phone #: \_\_\_\_\_

**B. PATIENT INFORMATION - Complete ALL Information Below**

Patient Name: \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Patient 9 digit IDPA Recipient Number: \_\_\_\_\_

(Patient must be 18 years of age or older for approval) Patient Social Security Number: \_\_\_\_\_

**C. PATIENT INFORMATION - DIAGNOSIS and THERAPY INFORMATION Complete ALL Information Below:**

- ☐ Patient Initiating RISPERDAL CONSTA Therapy (must start at 25mg)
- ☐ Patient Continuing RISPERDAL CONSTA Therapy

	YES	NO	
Patient taking 15 to 20mg of olanzapine for more than 30 days			<b>INDICATE REQUESTED DOSE/NDC</b>
Patient taking 600 to 800mg of quetiapine for more than 30 days			<input type="checkbox"/> 25mg/2ml: 50458030611
Patient taking 15 to 30mg of aripiprazole for more than 30 days			(only the 25mg dose will be approved for new starts)
Patient taking 80 to 160mg of ziprasidone for more than 30 days			<input type="checkbox"/> 37.5mg/2ml: 50458030711
Patient taking two or more antipsychotics for more than 30 days			<input type="checkbox"/> 50mg/2ml: 50458030811
Patient has previous use of decanoate haloperidol or fluphenazine but cannot be restarted on either due to severe EPS or TD, or inadequate therapeutic response			If patient is discharged from a DD unit provide information in section E
Patient cannot be initiated on decanoate haloperidol or fluphenazine due to past adverse reactions to their oral forms, or inadequate therapeutic response			
Patient has a diagnosis of Schizophrenia or Schizoaffective disorder			- If NO, include ICD-9 Code _____
Patient has had previous exposure to risperidone			- If no, consider 3 day trial of oral risperidone
Carbamazepine will be stopped prior to beginning RISPERDAL CONSTA			- Check NO if patient is not on carbamazepine
Your intention is to taper off the supplemental antipsychotic after 3 weeks			- Intention should be to complete taper by 8 weeks

**D. DRUG ACQUISITION and ADMINISTRATION INFORMATION - Complete ALL Information Below:**

	YES	NO	
Medication delivered to Community Mental Health Center by pharmacy			Physicians should avoid asking patients to pick up RISPERDAL CONSTA at a retail pharmacy
Medication dispensed to Long-Term Care (LTC) facility by LTC pharmacy			
Dispensed by the doctors office then billed through IDPA physician billing			
Medication administered at the doctor's office or LTC or MH clinic			

**E. ADDITIONAL INFORMATION**

**IMPORTANT: To prevent delay, fax relevant patient information with this form to validate request, or list comments below**

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**F. PHYSICIAN or DESIGNEES SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_